

BONE ANCHORED HEARING AID (BAHA) REQUEST FORM

Child's Name _____ Date of Birth _____

CCS Number _____ Date of Request _____

Provider _____ Phone _____ E-mail _____

Please indicate:

<input type="checkbox"/> BAHA softband	<input type="checkbox"/> BAHA surgery <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear
<ul style="list-style-type: none"> ○ Chronic draining otitis media which is unresponsive to treatment ○ Congenital malformation of the external auditory canal or middle ear (atresia and/or microtia), moderate to severe conductive or mixed hearing loss with confirmed bone conduction results in the normal to mild hearing range (better than 40 dBHL). ○ Acquired stenosis of the external auditory canal. ○ Ossicular discontinuity or erosion that cannot be repaired by surgery. ○ Confirmed profound hearing loss (greater than 90 dB HL) in one ear with confirmed bone conduction thresholds in the opposite ear of 40 dB HL or better. 	<ul style="list-style-type: none"> ○ Congenital malformation of the external auditory canal or middle ear (atresia and/or microtia), moderate to severe conductive or mixed hearing loss with confirmed bone conduction results in the normal to mild hearing range (better than 40 dBHL) and documentation of failed reconstructive surgery and/or no plans for full reconstructive surgery that would restore hearing to normal. ○ Acquired stenosis of the external auditory canal. ○ Ossicular discontinuity or erosion that cannot be repaired by surgery. ○ Confirmed profound hearing loss (greater than 90 dB HL) in one ear with confirmed bone conduction thresholds in the opposite ear of 40 dB HL or better.
<p>Air Conduction Threshold results:</p> <p>RE: _____ LE: _____</p>	<p>Air Conduction Threshold results:</p> <p>RE: _____ LE: _____</p>
<p>Bone Conduction Threshold results:</p> <p>RE: _____ LE: _____</p>	<p>Bone Conduction Threshold results:</p> <p>RE: _____ LE: _____</p>

Please include the following with this request form:

- The SAR request form
- An audiogram or audiometric report, indicating air conduction and bone conduction results
- A physician's report, indicating diagnosis and medical necessity of treatment
- Other relevant reports for justification of medical necessity
- Catalog page listing prices of the BAHA device and requested accessories